

# State Partnership Exchange Issuer Program Attestation Response Form

## Attestations Required of Both Medical QHP and SADP Issuers

Instructions: The following attestations apply to all qualified health plans (QHPs) and stand-alone dental plans (SADPs) that an issuer is submitting for certification for the next plan year. All issuers who wish to offer either certified QHPs or SADPs on the Federally-facilitated Exchanges (FEEs) are required to respond “Yes” to the following attestations.

1. Applicant agrees to adhere to all of the certification standards and operational requirements applicable to applicant in 45 *Code of Federal Regulation* (CFR) Parts 153, 155, and 156.

Yes

No

## Attestations Required of Medical QHP Issuers Only

Instructions: The following attestations apply to all medical QHPs (not SADPs) that an issuer is submitting for certification for the next plan year. Applicants applying to offer medical QHPs on the FEEs are required to respond “Yes” to the following attestations with regard to those medical QHPs. All applicants not applying to offer medical QHPs should select “NA” (not applicable).

1. Applicant agrees to adhere to all applicable requirements in 45 CFR Parts 146,147,155, and 156.

Yes

No

NA

## Attestations Required of SADP Issuers Only

Instructions: The following attestations apply to all SADPs that an issuer is submitting for certification for the next plan year. Only applicants who wish to offer certified SADPs are required to respond “Yes” to the following attestations. All applicants not offering certified SADPs should select “NA” (not applicable).

1. Applicant agrees to adhere to all of the certification standards and operational requirements applicable to applicant in 45 CFR Parts 155 and 156.

Yes

No

NA

---

**HIOS ID**

---

**Signature**

---

**Date**

---

**Printed Name**

---

**Title/Position**